



The Commonwealth of Massachusetts
Division of Occupational Safety
Employment Agency Program
399 Washington Street, 5th Floor, Boston MA 02108
Telephone: (617) 727-3696 Fax: (617) 727-0726

INITIAL APPLICATION FOR EMPLOYMENT AGENCY LICENSE

CIRCLE ONE: *INITIAL APPLICATION*

CHANGE OF AGENCY NAME OR ADDRESS

(Answer All Questions Completely - Attach Additional Sheets if Necessary)

1. FIRM'S NAME: _____

2. PARENT OR AFFILIATE COMPANY NAME: _____

3. FIRM'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

4. FIRM'S MAILING ADDRESS (if different): _____

5. FIRM'S FORMER NAME AND ADDRESS: _____

6 FIRM'S TELEPHONE NUMBER: (_____) _____ FAX NUMBER: (_____) _____

7 EMAIL ADDRESS: _____ @ _____ WEBSITE: _www._ _____

8. NAME OF FIRM'S MANAGER: _____

9. CIRCLE ONE: Main Office Branch Office

10. NATURE OF THE BUSINESS - WILL OR DOES THE FIRM:

- | | | |
|--|-----|----|
| (a) Charge a fee for its services? | YES | NO |
| (b) If the answer to Question #10a is yes, does the applicant for employment pay ANY of the fee? | YES | NO |
| (c) Provide domestic employees to employer families? (Employees who work in a home of the employer family) | YES | NO |
| (d) Register person(s) seeking help, employment or engagements? | YES | NO |
| (e) Give information as to where and of whom such help, employment or engagements can be solicited? | YES | NO |
| (f) Solely provide employers, by electronic means, information pertaining to the biography background and experience of applicants for temporary employment, help or engagement? | YES | NO |
| (g) Provide permanent placement services? | YES | NO |

- | | | |
|---|-----|----|
| (h) Provide only temporary placement services (less than 10 weeks)? | YES | NO |
| (i) Provide only part-time placement services. | YES | NO |

11. If the business provides only temporary or part-time placement services:

- a) does the agency employ individuals *directly* (i.e., BOTH pay the individuals who furnish temporary or part-time help for others directly AND control their working hours and other working conditions)?

Yes

No

OR

- b) are the clients the *direct* employers (i.e., the clients EITHER:
(i) pay the individuals who furnish the temporary or part-time help directly; AND (ii) control their working hours and other working conditions?

Yes

No

***Note: An employment agency need only register with the Division of Occupational Safety, pursuant to M.G.L. c. 140, §46Q, rather than be licensed, pursuant to M.G.L. c. 140, §§46C and 46D, if it can show that the agency's business does any one of the following: a) its business consists solely of providing employers or prospective employers, by electronic means, biographical information, background and experience of applicants for temporary employment, help or engagements, b) its business consists of employing individuals *directly* (that is, it BOTH pays the individuals who furnish temporary or part-time help for others directly AND controls their working hours and other working conditions) for the purpose of furnishing part-time or temporary help to others; or c), except with respect to firms that place domestic employees, none of its fees or charges are paid either directly or indirectly by any applicant for employment.**

12. If placing domestic employees (employees who work in the home of the employer family), will the agency attempt to **recruit** persons from outside of the Commonwealth but within the United States to do domestic or household work?

Not Applicable No Yes (If "yes", give the following information regarding each emigrant agent)

Names of All Emigrant Agents: _____
(An agency or person who recruits out-of state domestic employees for the applicant)

Address: _____

State: _____ License # _____ City/Town Issuing License: _____ Title of Official: _____

13. If placing out-of-state domestic employees, will the applicant provide or arrange lodging for applicants for domestic employment prior to being placed in an employment situation?

Yes (If "yes", give details regarding each location)

No

Name and address of premises where lodging will be furnished:

Name of person in charge of lodging:

14. Agency is: (circle one) Sole Proprietor Partnership Corporation

IMPORTANT: If this application is for an initial (first) license, answer questions 15 through 22 completely. If this application is to renew an unexpired license, provide only the information which has changed since your last application and mark "same" in all unchanged fields.

15. Name and Address of applicant (give corporate name and address, if a corporation):

Name of Applicant: _____ SS or FID: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Home Telephone: _____

16. If the agency is a corporation, give the names and home addresses of all officers (attach additional sheets if necessary):

Name of President: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Home Telephone: _____

Name of Vice President: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Home Telephone: _____

Name of Secretary/Clerk: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Home Telephone: _____

Name of Treasurer: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Home Telephone: _____

17. If the agency is a partnership, give name and address of each partner (attach additional sheets if necessary):

Name of Partner #1: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Home Telephone: _____

Name of Partner #2: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Home Telephone: _____

18. Describe all business activities or employment engaged in by the persons named in response to questions 15 through 17 for the five years preceding the date of application (enclose a detailed resume or additional sheets, if necessary):

Name of Person	Name and Address of Firm	Activity/Employment	Date Begun	Date End
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19. Name and address of all persons who will direct and operate the placement activities of the agency:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: (_____) _____

20. For all persons listed in response to question 19, list each employer for whom they worked as a placement employee, in personnel management or in related activities. Include self-employment. Give the length of time worked for each employer and the duties performed for each. List last employer first, or attach resume to this application:

Name of Employer	Address of Firm	Date Begun	Ended
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21. For any persons listed in questions 15 through 17, was any license to conduct a business ever denied, canceled, suspended, revoked or surrendered?

No Yes (If "Yes", give full details)

Name of Person Whose License was Affected	Date of Action	Name & Nature of Business Authorized by License	City/Town & State in Which License was Issued	Name of Public Agency that took Action
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22. Was any person listed in your response to questions 15 through 17 ever convicted of any crime or offense other than a traffic infraction?

No Yes (If "Yes", give full details)

Name of person	Offense	Date Convicted	City/Town & State	Penalty
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

23. SIGNATURE(S) OF PERSON(S) SUBMITTING THIS APPLICATION

If agency is a corporation, this application must be signed by the president and treasurer. If the agency is a partnership, this application must be signed by all partners.

I DECLARE THE ABOVE FACTS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT ANY FALSE ANSWER(S) WILL BE CONSIDERED JUST CAUSE FOR DENIAL OR REVOCATION OF AN EMPLOYMENT AGENCY APPLICATION OR LICENSE.

Name	Address	Date
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_____	_____	_____
_____	_____	_____

24. The following documents must be submitted along with a completed application for an employment agency license. Incomplete applications will be returned to the applicant. Please make sure your application contains the following:



- ☐ (a) a check or money order, payable to "The Commonwealth of Massachusetts" for the required \$300 annual fee or \$550 annual fee if the agency utilizes five or more counselors;
- ☐ (b) a surety bond filed in the penal sum of \$3,000, payable to the "People of the Commonwealth";
- ☐ (c) a sample or facsimile of every form, contract or fee schedule used by the agency;
- ☐ (d) a notarized affidavit attesting to compliance with all state tax laws, signed by the owner, Corporate President or Chief Financial Officer;
- ☐ (e) a copy of the Policy Coverage Page from a valid Worker's Compensation Policy, OR a notarized letter from a sole proprietor stating the agency does not have any employees;
- ☐ (f) two notarized affidavits from residents of the Commonwealth attesting to the owner's character;
- ☐ (g) if agency is sole proprietorship or a partnership using a trade name, a copy of the business certificate as filed in the Clerk's Office of the city/town where agency will be located;
- ☐ (h) if the agency is a corporation, submit a copy of the original articles of incorporation along with all changes and amendments; date stamped by the Secretary of State, Commonwealth of Massachusetts;
- ☐ (i) if the agency is a corporation, attach a copy of the most recent annual report submitted to the Secretary of State, Commonwealth of Massachusetts. (Form AR85);
- ☐ (j) a signed and dated CORI Request Form for the owner, all partners or the Corporate President;

- ☐ (k) a signed and dated Affirmation of Compliance stating your agency will post the Attorney General's Minimum Wage poster in a conspicuous place in your office if the caregivers are your employees and you will also provide a one page copy of the Attorney General's Minimum Wage Poster to all of your caregivers. A copy of the Attorney General's Minimum Wage Poster must be given to your clients when the client directly pays the caregiver.
- ☐ (l) a copy of the applicant(s) most recent job resume.
- ☐ (m) a copy of the front & back of the applicant(s) valid identification (ie. Driver's License, Passport, Resident Alien Card or other governmental photo identification card).

Mail completed application to: **Division of Occupational Safety
Employment Agency Program
399 Washington Street, 5th Floor
Boston, MA 02108**

EA-LicApp

07/2003

ALL INFORMATION AND MATERIAL SUBMITTED IS SUBJECT TO INVESTIGATION BY THE DIVISION OF OCCUPATIONAL SAFETY. ALL PLACES OF BUSINESS OR PROPOSED PLACES OF BUSINESS ARE SUBJECT TO INSPECTION.

**The Commonwealth of Massachusetts
Division of Occupational Safety
Employment Agency Program**

INITIAL APPLICATION FOR EMPLOYMENT AGENCY LICENSE

**AFFIDAVIT OF CHARACTER
(Must Be Notarized Before Submitting)**

Application of License to Establish and Conduct An Employment Agency must be accompanied by Notarized affidavits of two reputable residents of the Commonwealth of Massachusetts, that applicant is a person of good moral character (M.G.L. Chapter 140, Section 46C).

I, (name) _____,

being a resident of (city/town) _____,

hereby certify that: (name of applicant) _____,

of: (city/town where applicant resides) _____,

Telephone Number _____,

whose application for License to Establish and Conduct An Employment Agency accompanies this Affidavit, is personally known to me and is a person of good moral character.

Signed, this _____ day of _____, 200__

Signature

Print Name _____

Street Address _____

City or Town _____

Sworn to me this _____ day of _____, 200__

Notary Public

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being a resident of (city/town) _____,

hereby certify that: (name of applicant) _____,

of: (city/town where applicant resides) _____,

Telephone Number _____,

whose application for License to Establish and Conduct An Employment Agency accompanies this Affidavit, is personally known to me and is a person of good moral character.

Signed, this _____ day of _____, 200__

Signature

Print Name _____

Street Address _____

City or Town _____

Sworn to me this _____ day of _____, 200__

Notary Public

The Commonwealth of Massachusetts
Division of Occupational Safety
Employment Agency Program

INITIAL APPLICATION FOR EMPLOYMENT AGENCY LICENSE

**AFFIRMATION OF COMPLIANCE
RELATING TO ATTORNEY GENERAL
MINIMUM WAGE POSTER**

I, (name) _____,

(title) _____ of

(name of agency) _____,

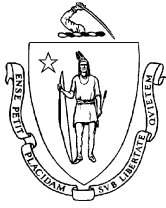
(agency address) _____,

do hereby certify that my firm has complied with the Division of Occupational Safety's requirement to post the Attorney General's Minimum Wage Poster in a conspicuous place in our office as well as provide a copy of the Attorney General's Minimum Wage Poster to all caregivers; or provide a copy of the Attorney General's Minimum Wage Poster to our clients whose caregivers are their own employees.

SIGNATURE(S): If sole proprietorship, signature of owner
 If partnership, signatures of all partners
 If corporation, signature of President or Treasurer

_____ Signature	_____ Title	_____ Date
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_____ Signature	_____ Title	_____ Date
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THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
DIVISION OF OCCUPATIONAL SAFETY
www.state.ma.us/dos

GMDOOS Rev 3-02

CORI REQUEST FORM

Massachusetts Division of Occupational Safety (DOS) has been certified by the Criminal History Systems Board to access conviction and pending case CORI for the purpose of screening applicants for domestic placement licenses, modeling agency licenses, and home health care agencies.

As an applicant for an employment agency license from DOS, I understand that a criminal record check will be conducted on me, pursuant to the above, and that the results of same will not necessarily disqualify me. The information below is correct to the best of my knowledge.

APPLICANT INFORMATION (PLEASE PRINT)

Last Name

First Name

Middle Name

Maiden Name or Alias
(if applicable)

Date of Birth

Social Security Number

Home Address Street: _____

Home City, State Zip: _____

Name of Employment Agency: _____

Applicant Signature

Date

Requested by: _____
Signature of CORI Authorized Employee

CHSB USE ONLY

Record attached: _____

No Record: _____